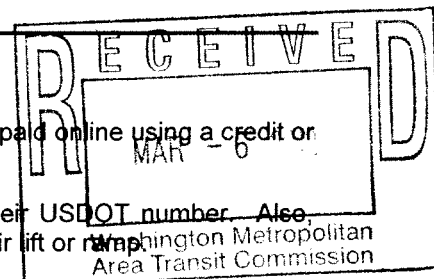


# Washington Metropolitan Area Transit Commission

## 2012 Carrier Annual Report Form

### NEW THIS YEAR:

- Annual reports can now be filed online at [www.wmatc.gov](http://www.wmatc.gov). Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.



### FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.

#### 1. CARRIER:

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Carey Limousine D.C., Inc

\*WMATC No. USDOT No. (if applicable) \*Name of Carrier (as shown on certificate of authority)

1610 Mount Vernon Avenue

Alexandria

VA

22301

\*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

703-299-4320

703-299-4315

703-299-4307

burhan.omar@carey.com

\*Telephone

Other Telephone

Fax

E-mail

#### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Burhan Omar

Fleet Logistic

\*Name

\*Title

703-299-4315

703-299-4320

703-299-4307

burhan.omar@carey.com

\*Telephone

Other Telephone

Fax

E-mail

#### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

Apt./Suite

City

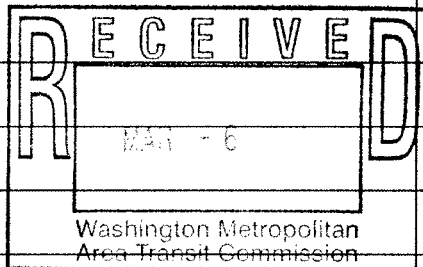
State

Zip

4. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; or (3) attach your own vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	*Wheelchair Lift or Ramp Yes/No
444	2009	Ford	1FDWE35S68DA92304	609HAC	VA	13	NO
390	2012	Ford	1FDWE3FL6CDA02746	H520131	VA	13	NO
291	2011	Mercedes sprinter	WDZPE8CC8B5571813	307HAD	VA	14	NO
664	2011	Ford	1FDUF5GT1BEB06178	P152666	VA	31	NO



6. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Burhan Omar

\*Name (Type or Print)

Fleet Logistic

\*Title

*Burhan Omar*

\*Signature

03/02/2012

\*Date